

# CONNECTICUT LEGAL RIGHTS PROJECT, INC.

---

P.O. BOX 351, SILVER STREET, MIDDLETOWN, CT 06457  
TELEPHONE (860) 262-5030  
FAX (860) 262-5035

TESTIMONY OF JAN VANTASSEL, ESQ.  
PUBLIC HEALTH COMMITTEE  
March 12, 2010

## SUPPORT FOR SB 405 AAC THE DEVELOPMENT OF COST EFFECTIVE SUPPORTIVE HOUSING FOR FREQUENT USERS OF COSTLY STATE SERVICES (with clarification)

My name is Jan VanTassel. I am the Executive Director of the Connecticut Legal Rights Project (CLRP), a statewide non-profit agency that provides free legal services to low income adults with psychiatric disabilities on matter related to their treatment and civil rights. It is also my privilege to chair the steering committee of the Reaching Home Campaign, an initiative to end long term chronic homelessness in Connecticut through the creation of 10,000 units of supportive housing by 2014.

Most of the members of this committee are aware that supportive housing is an investment that enjoys bipartisan support because it makes sense for taxpayers and for tenants. It promotes recovery and employment, reduces Medicaid expenditures and even contributes to higher property values. By combining safe, affordable housing with access to flexible, individualized supports and services, lives are changed and costly hospitalizations or incarceration are avoided. At a time when the state is focusing on results based accounting, this is the model of a cost-effective expenditure with specific positive outcomes

SB 405 addresses the need to expand the availability of supportive housing for individuals served by DMHAS, particularly those who are utilizing expensive services, such as the emergency rooms and institutional settings. I know that many, if not all of you, are thinking that we have no money no matter how worthy the investment may be. However, the focus of this proposal is on redirecting resources already being spent to a more cost-effective approach. Put simply, it is about spending money smarter, not spending more money.

The expansion of supportive housing opportunities for adults with psychiatric disabilities is particularly important given the anticipated closure of Cedar Crest Hospital and the increased demand for housing and community services that it will generate. Currently, the state is allocating funds for the immediate needs of persons being discharged as a result of the closure. However, there are no funds to cover the cost of the impact that this will have on the overall system or to provide housing for persons being discharged from hospitals in the future. This is the approach used closing two other hospitals, and we can expect the same result, gridlock and utilization of shelters and jails. In short, it is the opposite of spending money smarter.

To avoid such an outcome, I urge the committee to mandate that DMHAS dedicate at least two million dollars of the savings generated from the closure of CedarCrest Hospital to housing vouchers, similar to Section 8, and services for supportive housing.

The committee should also mandate that DMHAS and DSS collaborate to cover assertive community treatment, community support services and peer support services as medicaid state plan services that would be certified by DMHAS to assure that they meet standards and control costs. This would maximize the federal revenue available for community services.

Finally, I would note that I support revisions to the bill to clarify that the intent.

I urge you to integrate these suggestions into SB 405 and to take favorable action on it.